U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - // 08/		2. Fiscal Year Covered From			
			1 / 1 / 2004 Through:	12 / 31	/ 2004
3. Name and address of person filing.		4. Name	, file number, and address of labor orga	nization.	•
Name JAVIER	Ramirez	Name	UFCW Local No. 1546		
		Labor	Organization File Number 542-277	,	
P.O. Box, Bldg., Room No., if any	2.0. Box 803354	P.O. B	iox, Building and Room Number, if any		
Street		Street	1649 West. Adams Street		
City Chicago		City	Chicago		
State Illinois	ZIP Code + 4 60680-3354	State	Illinois	ZIP Code + 4	60612
5. Position in labor organization.	rector - PPM				
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employes your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
		7.b, Amount.		
Street				
City				
State ZIF	P Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	į.			
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	th€			
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				

Signed The Contract of the Con

on 8/11/05

(312) 733-2999

Telephone Number

Name of Person Filing JAVIER Ramirez	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name UFCW LOCAL 1546 HEALTH & WELFARE FUND - UMC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1649 WEST ADAMS STREET City CHICAGO State Illinois ZIP Code + 4 60612 10. If 9.b. or 9.c. is checked give trust or employer's name. Name UFCW LOCAL 1546 HEALTH & WELFARE FUND - UMC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1649 WEST ADAMS STREET City CHICAGO State Illinois ZIP Code + 4 60612	9. Business deals with a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. EDUCATION SEMINAR EXPENSE REIMBURSMENT				
	12.b. Amount. \$1,038				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City State Illinois ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$30				